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Robert D. Katz, Esq.	(Depositor's name)
<i>Robert D. Katz</i>	(Signature)
<i>8-13-04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/269,250	05/21/1999	ELSA AFRA, JULIA, MARIA GOULMY	2799/58994	9675

TITLE OF INVENTION: METHOD FOR TYPING OF MINOR HISTOCOMPATIBILITY ANTIGEN HA-I

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SITTON, JEHANNE SOUAYA	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(Authorized Signature) *Robert D. Katz* (Date) 8-13-04

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